

No. 98503

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 98503 Office of Registrar of Vital Statistics

Ward 35

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PRESENTING THIS CERTIFICATE.

## CERTIFICATE OF DEATH

Date of Death, March 9<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph H. Williams

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 32 Years, 10 Months, 10 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married ✓

Occupation, Car maker

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, { Give Street and Number. } 118 N Bond St.

Cause of Death, { First (Primary), Second (Immediate), } Typhoid Pneumonia

Duration of Last Sickness, Seven (7) days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, March 11/87

Undertaker, Geo. S. Sejack M. D.

Place of Business, 221 N Bond St. Address, 105 N Bond St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



No. 98504

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98504

Office of Registration and Vital Statistics

Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT THIS CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 8<sup>th</sup> 87

Full Name of Deceased, Meta Somers

Sex, ~~Male~~ or Female, Female

Age, Three Years, 0 Months, 0 Days.

Color, Mulatto

~~Married~~, Single, ~~Widow~~ or ~~Widower~~

Occupation,

Birth Place, Balto. City

Duration of Residence in the City of Baltimore, 3 years

Place of Death, 643 Pierce St.

Cause of Death, Cold

Gastritis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp & Wm. St.

Date of Burial, March 10

Undertaker, John H. Owens

Place of Business, 502 R. B. St.

L. B. Garman M. D.

Medical Attendant, 424 R. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



No. 98505

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98505

Office of Registrar of Vital Statistics.

Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

March 9th 1887

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Avarilla Remington

Sex, Male or Female,

Cross out the word not required in this line.

Male

Age,

74

Years,

Months,

Days

Color,

White

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Single

Occupation,

Birth Place,

State or country, and how long in the United States, if of foreign birth.

City

Duration of Residence in the City of Baltimore,

lifetime

Place of Death,

Give Street and Number.

203 S. Ann

Cause of Death,

First (Primary),

Progressive Paralysis

Second (Immediate),

Duration of Last Sickness,

10 weeks

Place of Burial,

All the above information should be furnished by the Physician.

Loudon Park Cemetery

Date of Burial,

March 13th 1887

E. P. Jones

M. D.

Undertaker,

Denny & Mitchell

Medical Attendant.

Place of Business,

208 Broadway

Address, 1835 E. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2.

And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.



No. 98506

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 98506

Office of Registrar of Vital Statistics

Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

8<sup>th</sup> March 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Eugene Hamilton

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

10

Years,

11

Months,

2

Days.

Color,

Colored

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Baltimore city, Md.

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death,

{ Give Street and Number. }

313. Montgomery St.

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Intermittent fever  
Tubercular - Laryngitis

Duration of Last Sickness,

3. months

All the above information should be furnished by the Physician.

Place of Burial,

Sharps Cemetery

Date of Burial,

March 11 1887

L. D. Byler

M. D.

Medical Attendant.

Address,

224. Hill Str.

of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

ed, That whenever any person shall die in the said city, it shall be the duty of the Registrar, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death of said deceased, a certificate setting forth as far as possible the name, age, sex, color, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 98507

Office of Registrar

Ward 8<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within four days after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, March 9<sup>th</sup> 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Howard Jones.

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, One Years, two Months, 15 Days

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, { Give Street and Number. } 1205 Lenoir Alley

Cause of Death, { First (Primary), Dementia }  
Second (Immediate), Cerebral Haemorrhage

Duration of Last Sickness, About nine days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, March 10<sup>th</sup> 1887 } Edward G. Mackenzie M. D.  
Medical Attendant.

{ Undertaker, Morgan & Pyle

{ Place of Business, 9 Mulberry St Address, 206 W. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022

No. 7

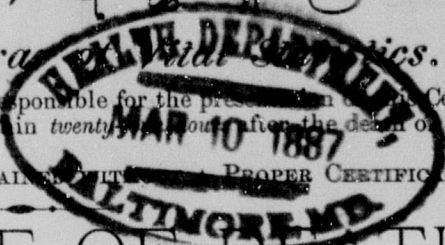
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 98578 Office of Registrar Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, March 8th 1887

Full Name of Deceased, Benjamin Butler

Sex, Male

Age, 1 Years, 2 Months, 29 Days

Color, col

Married, Single, Widow or Widower, Single

Occupation, U

Birth Place, Bath, Cty.

Duration of Residence in the City of Baltimore, Life

Place of Death, Welch Alley No. 74

Cause of Death, Pneumonia  
Asphyxia

Duration of Last Sickness, ab 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Mar 11th 1887

Undertaker, J. F. Butler

Place of Business, 18 Welch Al Address, 79 W. 10th St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

No. 70807

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98509

Office of Registrar of Vital Statistics

Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar 9 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mattie. Robinson

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female.

Age,        Years, 1 Months, 12 Days.

Color, Black.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,       

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 1029. Eelstone Ct

Cause of Death, { First (Primary), Malnutrition Second (Immediate), Quarition }

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Mar 10 1887

Undertaker, Com N Dungee

Place of Business, 150 East St

James A. Mendenhall M. D.  
Comm. Registrar  
Address,       

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

John E. Dunning Inspector



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Dis Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 98510 Office of Registrar of Vital Statistics. Ward 8<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 8<sup>th</sup>

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Leonard Rich

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 6 Months, Days,

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ✓

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 2015 Eastern Ave

Cause of Death, { First, (Primary,) Cold Second, (Immediate,) Spasms

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 10<sup>th</sup> 1887

Undertaker, William Dungee Medical Attendant, H. C. Croftman M. D.,

Place of Business, 150 East St Address, 204 North Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 98371

Office of Registrar of Vital Statistics.

Ward 8 1/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ten days after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 9<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Oscar Stange

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore city

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give Street and Number. } No 12 N Ann st

Cause of Death, { First (Primary), Second (Immediate), } Convulsion

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, March 11<sup>th</sup>

{ Undertaker, Fred Gaede } L O Winters M. D.

{ Place of Business, 108 S. Caroline Address, 12 S. Edgar } Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Office whence issued

No. 98572

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

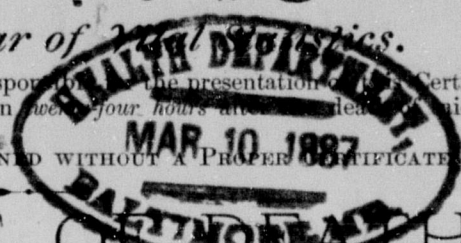
Permit No. 98572

Office of Registrar of Deaths

Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within four hours after death, and to be filed, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



## CERTIFICATE OF DEATH.

Date of Death, March 9<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Conrad Nazarenus

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 15 Years, Months, Days.

Color, White

Married, Single, Widowed or Widower, { Cross out the words not required in this line. } Single

Occupation, Tobacco Stripper

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, During Life

Place of Death, { Give Street and Number. } Russell St # 1110

Cause of Death, { First (Primary), Second (Immediate), } accidental discharge of pistol, the ball penetrating the heart

Duration of Last Sickness,

All the above information should be furnished by the Physician

Place of Burial, Baltimore

Date of Burial, Mch 11<sup>th</sup> 1887

{ Undertaker, Wm. Dickner } L. S. Spanow M. D.

{ Place of Business, 221 S. Eutaw St } Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]